



**FARMERS
BRANCH**

CERTIFICATE OF OCCUPANCY

COMMERCIAL ONLY
APPLICATION FEE \$53

DATE _____

BUSINESS LOCATION INFORMATION (IN F. BRANCH)

NAME OF BUSINESS _____
STREET ADDRESS _____
SUITE # _____
BUSINESS PHONE _____

USE: DESCRIBE WHAT THIS BUSINESS DOES

TYPE OF CO REQUEST

- ☐ NEW PROPERTY OWNER
☐ NEW BUSINESS/TENANT
☐ BUSINESS NAME CHANGE
☐ INCREASING LEASE SPACE
☐ REPLACEMENT CO
☐ ADDING NEW USE OF SPACE

CONTACT INFORMATION FOR TENANT/APPLICANT

NAME _____
ADDRESS _____
PHONE _____
EMAIL _____
EIN/FEDERAL/SALES TAX NO. _____

PROPERTY OWNER INFORMATION

NAME _____
ADDRESS _____
PHONE _____

DESCRIPTION OF LEASE SPACE (UPON MOVING IN)

	<u>CURRENT</u>	<u>NEW</u> (IF EXPANDING SPACE)
No. FLOORS/STORIES	_____	_____
No. OF EXITS	_____	_____
No. EMPLOYEES	_____	_____
No. RESTROOMS	_____	_____
TOTAL SQUARE FEET	_____	_____

BUSINESS USE (SELECT ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> AUTO RELATED | <input type="checkbox"/> RESTAURANT |
| <input type="checkbox"/> DENTAL RELATED | <input type="checkbox"/> RETAIL |
| <input type="checkbox"/> MANUFACTURING/
FACTORY | <input type="checkbox"/> SERVICES/BUSINESS |
| <input type="checkbox"/> OFFICE/BUSINESS | <input type="checkbox"/> STORAGE |
| <input type="checkbox"/> RECREATIONAL/
ENTERTAINMENT | <input type="checkbox"/> WAREHOUSE/
DISTRIBUTION |
| | <input type="checkbox"/> OTHER |

IDENTIFY USE OR STORAGE OF HAZARDOUS MATERIAL

ITEM	QUANTITY	TYPE
COMPRESSED GASSES		
CORROSIVES		
CRYOGENICS		
EXPLOSIVES		
FLAMMABLE LIQUIDS		
FLAMMABLE SOLIDS		
HIGHLY TOXIC		
ORGANIC PEROXIDE		
PYROPHORIC		
REACTIVE		
WATER REACTIVE		
OXIDIZERS		

- ☐ FIRE ALARM INSTALLED
☐ FIRE SPRINKLER SYSTEM INSTALLED
☐ OUTSIDE STORAGE
☐ STORAGE EXCEEDING 12 FT. IN HEIGHT
(PLASTICS OVER 6 FT.)
☐ POTENTIAL FOR GENERATING ODORS
☐ POTENTIAL FOR GENERATING NOISE
☐ DISCHARGE OF MATERIALS/BYPRODUCTS
INTO SEWER
☐ PROCESSES REQUIRING A TCEQ PERMIT
☐ SPECIFIC USE PERMIT (IF APPLICABLE) _____
☐ SELLING ALCOHOL (FULFILL TABC & LOCAL
REQUIREMENTS)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE/TITLE _____

PRINTED NAME _____

CERTIFICATE OF OCCUPANCY

OFFICE USE ONLY

PLANNING & ZONING

ZONING DISTRICT _____

USE PER ORD. NO. _____

ALLOWED? YES NO

NONCONFORMING _____

SPECIFIC USE PERMIT _____

QUALIFYING RESTAURANT SERVING ALCOHOL

☐
☐
☐

DETAILED SITE PLAN

DETAILED FLOOR PLAN

ALCOHOL AWARENESS PROGRAM

COMMENTS _____

APPROVED _____

DATE _____

OTHER DEPARTMENTAL APPROVALS

	FIRE DEPT.	HEALTH DEPT.	PUBLIC WORKS DEPT.	ENGINEERING DEPT.
APPROVED				
DATE				

COMMENTS _____

BUILDING INSPECTIONS

OCCUPANCY TYPE _____

CONST. TYPE _____

☐
☐
☐
☐
☐

CO SIGNED

CO SCANNED

CO MAILED VIA USPS

DISTRIBUTE ORIGINAL APP. TO ECO. DEV.

DISTRIBUTE COPY OF APP. TO FINANCE

COMMENTS _____

☐ STAND-ALONE CO APP.

☐ CO WITH CURRENT BUILDING PERMIT

☐ IF CHECKED, PROVIDED TO PLAN REVIEW

APPROVED _____

DATE _____

PERMIT # _____